Indiana State Department of Health

Project: **Indiana State Trauma Care Committee (ISTCC)** **Date:** **November 14, 2014 – 10:00 am**

Attendance: **Committee members present**: Jerome Adams, MD, MPH (Chair); Jennifer Walthall, MD, MPH; Mike Garvey , proxy for John Hill (Vice Chair) ; R. Lawrence Reed, MD; Meredith Addison, RN; David Welsh, MD; Chris Hartman, MD; Gerardo Gomez, MD; Spencer Grover; Stephen Lanzarotti, MD

Members present via phone: Matthew Vassy, MD; Lisa Hollister, RN

Committee members not present: John Hill (Vice Chair); Thomas Rouse, MD; Donald Reed, MD; Lewis Jacobson, MD; Tim Smith; Tony Murray; Scott Thomas, MD; Michael McGee, MD; Ryan Williams, RN;

ISDH Staff Present: Art Logsdon; Jessica Skiba; Murray Lawry; Camry Hess; Ramzi Nimry

Agenda Item	Discussion	Action Needed	Action on Follow-up Items
1. Welcome and Special Introductions – Art Logsdon,	Art Logsdon opened the meeting at 10:05 am by welcoming all attendees and introducing Jerome Adams, MD, MPH the new State Health Commissioner and Chair of the ISTCC. He also introduced Jennifer Walthall, MD, MPH, Deputy State Health Commissioner, who will serve as Dr. Adams proxy for the ISTCC when needed. Dr. Walthall is affiliated with IU-Riley and is an ED physician and a pediatric trauma physician. Dr. Adams asked that introductions be made around the room and on the phone. Dr. Adams expressed his excitement to be the new State Health Commissioner and thanked all for taking time to attend the ISTCC meeting. He stated he is an anesthesiologist at Eskenazi Health and he noted he began his career working for Dr. Hartman at St. Francis in the ED and learning everything he knows about "trauma" from Dr. Gomez. "So if you don't like what I have to say, it's their fault". "Collaboration" is a strong point with Dr. Adams. He stated he was excited as well to see all the disciplines in the room as well as a	N/A	N/A

	representation of all areas around the state. This collaboration will make this trauma system the best it can be. He also stated his belief that Indiana is doing "trauma" well. He has seen statewide how the trauma system has saved lives. There is still much work to be done and he is excited to help facilitate the work along with Dr. Walthall. Dr. Adams also introduced Eric Miller, the new Chief of State for the ISDH. Eric was with the agency previously as the Chief Financial Officer and Deputy Chief of Staff. Dr. Adams let the Committee members and all attending know that his door is always open and to please contact him at any time. Mr. Logsdon also introduced Ramzi Nimry, the new ISDH Trauma System Performance Improvement Manger.		
2. Approval of Minutes from the August 8, 2014 ISTCC meeting	Dr. Adams asked for corrections to the minutes of the August 8, 2014 ISTCC meeting. Dr. Hartman made a motion that the minutes be approved, it was seconded by Spencer Grover and passed unanimously.	Minutes Approved as Distributed.	N/A
3. EMS-C Pediatric Readiness Survey – Gretchen Huffman	Gretchen Huffman presented information regarding Pediatric Readiness, which is split into the care of pediatric patients in the emergency room and pre-hospital provider readiness to deal with and treat pediatric trauma patients. The tool she utilized was the "National Pediatric Readiness Assessment" which included: • Administration and coordination • Physician, nurses, and other ED staff • QI/PI in the Ed • Pediatric Patient Safety • Policies, Procedures and Protocols • Equipment, Supplies and Medications		N/A

	Gretchen reported that 121 hospitals in Indiana were sent the assessment with 106 or 87.6% responding. She pointed out that ongoing education is the key to providing good and adequate care to pediatric patients. At this time 27% of patients seen in an ED are pediatric patients. She also reported that many hospitals will not pay for any continuing education for ER nurses and these trainings can be very expensive. Dr. Adams asked Spencer Grover, Indiana Hospital Association, why hospitals refused to fund these trainings? Mr. Grover responded he was not aware that hospitals were not providing this education, but he would certainly look into the issue. Dr. Adams voiced his hope that funds could be found. Mr. Grover was asked to follow up with hospitals regarding funding sources for more and ongoing training for pediatric ED/Trauma nurses. Gretchen's recommendations following the Readiness survey include: • Pediatric Care Coordinator/Advocate in ED • Improve compliance with national guidelines • Contact your local EMS agency and address needs (equipment/protocols) • Ms. Addison was also asked to share any ideas she may have for locating more funding for nurses continuing education.	Spencer to check on why hospitals are not covering cost for Pediatric Readiness Training. Dr. Adams asked Art and Eric to check on possible state funds for this type of training as well.	
4. ED Education Requirements Survey – Spencer Grover	Spencer Grover presented information on the "Emergency Department (ED) Education Requirements Survey" which was conducted three years ago by the Indiana Hospital Association. This survey was funded by the Indiana State Department of Health and the Indiana Hospital Association to study education and certification of ED staff. Also involved was the Indiana Emergency Room Nurses Association, and the Indiana Chapter of the American College of		N/A

	Surgeons and Emergency Physicians. He explained this was a six question survey and 79 hospitals responded. He briefly explained the range of the questions and some analysis of the data collected. Spencer explained the survey will again be distributed – same six questions will be used. He urged all hospitals to respond to the survey when it is received.		
5. Trauma Registry/EMS Registry Reports, Jessica Skiba and Camry Hess	Art introduced Jessica Skiba and Camry Hess, noting the absence of Katie Gatz from the meeting. Katie is not attending the meeting today because she is enjoying her honeymoon. When she returns, she will be Katie Hokanson. Jessica began the report with the usual and normal statistics regarding hospitals in each of the 10 preparedness districts that are currently reporting data to the Registry. She stated 93 hospitals have shared data, 9 trauma centers and 84 non-trauma hospitals. Jessica was pleased to share that Districts 7 and 10 were reporting 100% participation from hospitals with EDs, which brought a cheer from the group. There were 8,272 incidents reported during Quarter 2. Jessica gave the group an opportunity to ask for more and/or different data – but she received no additional items or topics to add. Mr. Logsdon took the opportunity to recognize the great work done by Katie, Jessica and Camry to take the data collection from single digit number of hospitals reporting to nearly 100. He congratulated their team on all their hard work in growing these numbers. He also credited the Trauma Registry Rule which requires all hospitals to report data to the registry.		N/A

	Jessica quickly gave the Committee an update on "injury data" noting the numbers have remained about the same during this reporting period. Camry discussed the ED length of stay (LOS), including new charts for the Average ED LOS by Public Health Preparedness Districts on page 17 of the report. There were no cases of probability of survival greater than 50% and ED disposition as expired. Jessica discussed the linked transfer cases. There were 418 linked cases, which represents 13.7% of the data. There was a question about the difference in the rural vs. critical access hospital (CAH) definition. The CAHs have up to 25 beds and rural is dependent on the location of the facility and the population served. Jessica moved onto the transfer patient data average, which lead to a discussion regarding changes that need to be made to the Triage and Transport Rule. A question was posed: *"Is there a way to separate rural hospitals by ISS score and "time to transport scene"?* There was also a question posed: "*why so long to arrive on scene*" and "*wouldn't air transport save time*?" Dr. Hartman clarified the rule language that a transport can bypass one hospital in favor of a trauma center. He offered alternative rule language – "If the patient is in trouble AND the trauma center is more than 45 minutes away" then they stop at the nearest hospital. The discussion progressed to the topic of comparing ground transport as opposed to helicopter transport. Ms. Addison asked Mike Garvey, Indiana Department of Homeland Security, whether he had a feel, statewide, regarding these two types of transportation. Mr. Garvey stated this is a topic they have requested Medical Directors to review. He will report back to the Committee.	Mike Garvey to report back to Committee regarding transport questions.	

	Dr. Adams summarized the discussion asking for a cleanup of the regulatory language. Data can be collected and analyzed so the Committee can make an informed decision. A better job of educating ED, EMS and hospital staff around the state on how to interpret the rules also needs to be accomplished. Dr. Adams also requested that Mr. Garvey look into developing and sharing a clarification document to assist providers with interpretation of the rule. Mr. Garvey agreed to do this. Another question was posed: "*what can be done with EMS providers that currently don't report data to the Registry*"? Mr. Garvey stated he is working with providers statewide to get them to transmit their data to the Registry. Jessica shared the successes of the ISDH EMS Registry. At this time there are 153 EMS providers submitting data, compared to 29 reporting a year ago. The registry has grown from 215,000 runs in November 2013 to 695,803 in November, 2014. Dr. David Welsh would like a list of providers who are and are not currently reporting data for two reasons - so those providers who are reporting data can be thanked and work can be done with those not reporting data to ensure they will begin reporting in the future. Another question was posed by a guest: "*Are weather conditions a reporting factor?*" Weather or Natural Factors is one field value for the data element Reason for Transfer Delay. This element is not a required element, so it is not filled out well.	Mike Garvey to work on rule interpretation for providers.	

6. "In-the-Process of ASC Verification" Program – Art Logsdon and Dr. Gomez	Application for "in the process" Level III Trauma Care and One Year Progress report for "in the process" Level III Trauma Center. Dr. Reed and Dr. Gomez began by thanking the subcommittee for their time and mentioned that there have been 10 applications reviewed and approved by the Committee, with 2 facilities becoming verified Level III since last year's process approval. But, he added, it is time to tweak the process by adding more specificity to the process. An outline of the proposed revisions was distributed. Mr. Logsdon noted the EMS Commission meets on December 12, 2014 and it was his hope to present this proposal to the members during that meeting to gain the Commission's approval. Mr. Logsdon further explained the changes made to the process are not substantive but more specific and clearer. It also will help hospitals become more ready for the ACS process. After some discussion, the Committee approved the revised Application for "in the process" Level III Trauma Center status and One Year Progress report for "in the process" Level III Trauma Care documents to go to the EMS Commission for approval. Spencer Grover made the motion for approval, it was seconded by Dr. Hartman and passed unanimously.	N/A	N/A

7. Indiana National Violent Death Reporting System (INVDRS) – Jessica Skiba	The ISDH has received funding from the Centers for Disease Control and Prevention to gather critical data on violent deaths using the National Violent Death Reporting System (NVDRS). The grant to ISDH runs for five years. Indiana is one of 32 states to receive funds for this program. The INVDRS will gather vital records data, law enforcement records, and coroner reports into one central web-based registry in order to better understand the circumstances of violent deaths, including homicides, suicides, undetermined intent deaths, legal intervention, and unintentional firearm deaths. The project will begin collecting deaths that occur on and after January 1, 2015. The ISDH will begin a pilot project in six counties, which are Allen, Lake, Madison, Marion, St. Joseph and Vanderburgh, and will collect information on all violent deaths among children across the state. There will be an INVDRS Advisory Board meeting on December 9 at 1:00 pm at the ISDH.		
8. Other Business	Having two active military personnel in the audience today Dr. Adams took the special time to thank them for their service and extended his thanks to all veterans in the room. There was no other business to come before the Committee.		
9. 2015 ISTCC Meeting Dates	February 20, 2015 May 22, 2015 August 21, 2015 November 20, 2015 NOTE: All meetings are held at the ISDH, 2 North Meridian Street, Indianapolis 46204 in Rice Auditorium – lower level from 10:00 am to 12:00 pm.		
10. Adjournment	Hearing no further comments or business to come before the Committee, Dr. Adams adjourned the meeting at 12 Noon and thanked everyone for their attendance and participation.		